

05-04-04

Patent
Attorney's Docket No. JM 7189

1771

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Thomas WIRYEZ et al.

Application No.: 09/996,454

Filed: November 20, 2001

For: DESIGN EFFECT FIBERGLASS
WALLCOVERINGS



Group Art Unit: 1771

Examiner: John J. Guarriello

Confirmation No.: 2430

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed February 2, 2004, please amend the above-identified patent application as follows:



JOHNS MANVILLE
Intellectual Property
10100 West Ute Avenue
Littleton, Colorado 80127
(303) 978-2000

EXPRESS MAIL MAILING LABEL

No. ER718910290 DATE OF DEPOSIT

5304

I hereby certify that the above indicated document or documents are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231.

Doris L. Voile
Typed or printed name of person mailing paper or fee

Case Docket No. 7189

Date: May 3, 2004

Murphy
Signature

THE COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

Re: Application of: Wirycz et al
Serial No.: 09/996,454
Filed: November 20, 2001
For: DESIGN EFFECT FIBERGLASS WALLCOVERINGS

Examiner: John J. Guarriello
Art Unit: 1771
Confirmation No. 2430

Sir:

Transmitted herewith is/are the following document(s) related to the above-identified application:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Acknowledgment of receipt card. | <input checked="" type="checkbox"/> Response to Office Action dated February 2, 2004. |
| <input type="checkbox"/> Declaration & Power of Attorney. | <input type="checkbox"/> Certified copy of Declaration & Power of Attorney (Attachment B). |
| <input type="checkbox"/> Information Disclosure Statement. | <input type="checkbox"/> 1 Sheet of Drawings (Attachment D). |

Please extend the time for responding to the Office Action _____ (____) month(s) to _____.

The fee has been calculated as shown below:

- | |
|---|
| <input type="checkbox"/> Charge \$_____ to Deposit Account No. 10-0625. |
| <input checked="" type="checkbox"/> Please charge any additional fees or credit overpayment to Deposit Account No. 10-0625. |
| <input checked="" type="checkbox"/> Two additional copies of this sheet are enclosed. |

Robert D. Touslee
Attorney

Robert D. Touslee
Registration No. 34,032
(303) 978-3927